

IFW

**TRANSMITTAL
FORM***(be used for all correspondence after initial filing)*

		Application Number	10/828,486
		Filing Date	April 19, 2004
		First Named Inventor	Anderson, Robert L.
		Art Unit	2836
		Examiner Name	
Total Number of Pages in This Submission	5	Attorney Docket Number	019930-003710US

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Townsend and Townsend and Crew LLP William F. Vobach	Reg. No. 39,411	
Signature			
Date	November 12, 2004		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kay Barclay		
Signature			Date November 12, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

On Nov. 12, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Karen Sanday

PATENT
Attorney Docket No.: 019930-003710US
Client Reference No.: A1303



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert L. Anderson

Application No.: 10/828,486

Filed: April 19, 2004

For: METHOD AND APPARATUS FOR
PROTECTING WIRING AND
INTEGRATED CIRCUIT DEVICE

Examiner:

Art Unit: 2836

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

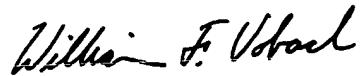
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

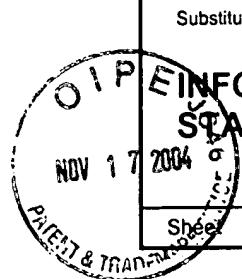
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



William F. Vobach
Reg. No. 39,411

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 303-571-4000
Fax: 303-571-4321
WFV:klb
60355355 v1



Substitute for form 1449A/PTO			<i>Complete if Known</i>		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number	10/828,486	
(use as many sheets as necessary)			Filing Date	April 19, 2004	
			First Named Inventor	Anderson, Robert L.	
			Art Unit	2836	
			Examiner Name		
Sheet	1	of	2	Attorney Docket Number	019930-003710US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-5,847,381	12-08-1998	T. Isogai	
	AB	US-6,747,340 B2	06-08-2004	S. Barnes, et al.	
	AC	US-			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)				
	AU						<input type="checkbox"/>
	AV						<input type="checkbox"/>
	AW						<input type="checkbox"/>
	AX						<input type="checkbox"/>
	AY						<input type="checkbox"/>
	AZ						<input type="checkbox"/>
	BA						<input type="checkbox"/>
	BB						<input type="checkbox"/>

Examiner Signature		Date Considered
--------------------	--	-----------------

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT					
(use as many sheets as necessary)					
Sheet	2	of	2		
				<i>Application Number</i>	10/828,486
				<i>Filing Date</i>	April 19, 2004
				<i>First Named Inventor</i>	Anderson, Robert L.
				<i>Art Unit</i>	2836
				<i>Examiner Name</i>	
				<i>Attorney Docket Number</i>	019930-003710US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
	BC			
	BD			
	BE			
	BF			
	BG			
	BH			
	BI			
	BJ			
	BK			
	BL			
	BM			

Examiner Signature	Date Considered
--------------------	-----------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.